

APPLICATION FOR LICENSE TO OPERATE A PHARMACY
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Application Fee: \$625.00 (Make check payable to DHHS Licensure Unit)

The Department will issue a **Provisional Pharmacy License** after review and approval of your application by a pharmacy inspector up to FIVE WEEKS prior to the anticipated opening date as listed on this application. Due to the statutory requirements in place regarding the timing of the inspection, it is **IMPERATIVE** that you list an accurate opening date and notify the Department AS SOON AS POSSIBLE if your anticipated opening date changes. A Provisional License is good for one year from the date of issuance and is not renewable. The Pharmacy Inspector will conduct an Initial Onsite Inspection within 60 days of issuance of the Provisional License.

A **permanent license** will be issued after successful passage of the Initial Onsite Inspection. You may contact the DEA at www.deadiversion.us.doj.gov or 888-803-1179 to apply for a Federal Controlled Substances Registration. (If this is a change of location, you are not required to obtain a new DEA number; however, the DEA will need to be advised of the change in license number.)

SECTION A—LICENSE INFORMATION				
Name of Pharmacy:				
Physical Address:	Street/PO/Route:			
	City:	State:	Zip:	
Telephone Number:		Fax Number:		
E-mail Address:				
Is this a change of ownership? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, Name and license number of existing pharmacy:			
Is this a change of location? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, Name, address, and license number of the pharmacy that is relocating?			
Anticipated Opening Date:				
Please supply a contact person if we have questions:	Name:			
	Phone:	E-mail:		
Name of Owner(s), Partners, or Corporation:				
If Corporation, Name of Corporate Officers:				
Address of Owner(s):	Street/PO/Route:			
	City:	State:	Zip:	
Days/Hours Pharmacy Open for Business:				
PIC Information:	Name:	License #:	Expiration date:	

SECTION B — CONTROLLED SUBSTANCES REGISTRATION

Are controlled substances to be dispensed? *If so, a Federal Controlled Substances Registration is required.*

☐ YES ☐ NO

You may apply for a federal controlled substances registration on-line at www.deadiversion.us.doj.gov

SECTION C — STANDARDS FOR THE OPERATION OF A PHARMACY

Please type or print clearly a **detailed** description of how your pharmacy will meet the following requirements in compliance with 175 NAC 8, Sections 8-006 and 8-007. If you need additional room, you may attach a separate sheet)

1.	<p>How will the prescription inventory and prescription records of the pharmacy be secured when there is no pharmacist/dispensing practitioner on the premises? (see 8-006.02C)</p>
2.	<p>How will your pharmacy ensure that drugs, devices, and biologicals are kept at the proper temperature? (see 8-006.02A)</p>
3.	<p>How will your pharmacy ensure that none of its saleable inventory contains any drug, device, or biological which is misbranded or adulterated? (see 8-006.02D)</p>

SECTION C — STANDARDS FOR THE OPERATION OF A PHARMACY (continued)

4.	<p>What services will your pharmacy be providing? (Examples of services which may be provided by a pharmacy include, but are not limited to: ambulatory dispensing, unit-dose dispensing, sterile compounding, non-sterile compounding, and administration of vaccinations or injections.)</p>
5.	<p>What facilities, utilities, and equipment will you be providing at your pharmacy? (see 8-007 and 8-006.02) (Facilities include such items as counters, drawers, shelves, etc. Utilities include such items as lights, heat/air conditioning, electricity, hot/cold running water. Equipment includes such items as mortar and pestle, IV hood, balance, etc.)</p>
6.	<p>What specific reference materials will be provided to the pharmacist/dispensing practitioner in your pharmacy? (Please indicate if these are printed or electronic form) (see 8-007.03)</p>

SECTION D — AFFIDAVIT

I hereby state that I am the person making application, I am of good character, and the statements on this application are true and complete.

If the applicant is a sole proprietorship for the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, the applicant must attest as follows (place a check mark in the appropriate box below):

- ☐ I am a citizen of the United States
- ☐ I am a qualified alien under the Federal Immigration and Nationality Act.
My immigration and alien number are as follows: _____ and **I agree to provide a copy of my USCIS.**

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

The application must be signed and dated by (place a check mark in the appropriate box below):

- ☐ The owner or owners if the applicant is a sole proprietorship, a partnership, or a limited liability company that has only one member;
- ☐ Two of its members if the applicant is a limited liability company that has more than one member;
- ☐ Two of its officers if the applicant is a corporation;
- ☐ The head of the governmental unit having jurisdiction over the business if the applicant is a governmental unit; or
- ☐ If the applicant is not an entity described above, the owner or owners or, if there is no owner, the chief executive officer or comparable official.

(Printed Name & Title of Applicant)

(Signature & Title of Applicant)

(Date)

(Printed Name & Title of Applicant)

(Signature & Title of Applicant)

(Date)

Please Note: All supporting documentation required to complete your application must be submitted within **150 days** from the date your application is received by the Department. If such documentation is not submitted within this time, your application and supporting documentation will be destroyed and a refund will be processed, less the administrative fee of \$25.00.